## Town of Maynard Building Department



Tel: (978) 897-0574

Fax: (978) 897-8457

195 Main Street Maynard, MA 01754

## **Construction Control Affidavit**

Project Number		Date:	
Project Title:			
Project Location:			
Name of Building:			
Scope of Project:			
In accordance with Section Mass. Registration No hereby certify that I have promputations and specifications.	b prepared or directly supe	eing a Registered Profess	sional Engineer/Architect,
Entire Project	Architectural	Structural	Mechanical
Fire Protection	Electrical	Other (specify)	
For the above named projes specifications meet the appendineering practices and a	olicable provisions of the	Massachusetts State Buil	· · · · · · · · · · · · · · · · · · ·
I further certify that I shall construction site on a regu accordance with the docun following as specified in Se	lar and periodic basis to nents approved for the E	determine that the work	is proceeding in
are submitted by the 2. Review and approv 3. Be present at inter the progress and qua	contractor in accordance votal of the quality control provals appropriate to the stage.	pt, shop drawings, samples with the requirements of the ocedures for all code-require ge of construction to becomermine, in general, if the woents.	construction documents. ed controlled materials. e, generally familiar with
Pursuant to Section 116, I the work has been perform Final Report as to the satis	ned in accordance with the	he approved plans and 78	30 CMR. I shall submit a
Signature			
Subscribed and Sworn to b	efore me this	day of	, 20
	M <sub>'</sub>	y Commission Expires on	
Notary Public		· ·	